REGIONAL PROTOTYPE NON-STANDARDIZED MONEY PURCHASE SAFE HARBOR PENSION PLAN ADOPTION AGREEMENT #02-003

The Employer referred to in Section I.B hereof, hereby adopts this Plan and Trust, a copy of which is attached hereto, as of the Effective Date specified herein, to provide retirement and pre-retirement benefits for its Employees.

Note to Employer: Failure to complete the Adoption Agreement properly may result in disqualification of the Plan.

I. Basic Information
I. A. Plan Information
1. This plan shall be known as the <u>DIAGNOSTIC & CLINICAL CARDIOLOGY</u> ,
P.A. MONEY PURCHASE PENSION PLAN
2. This Trust shall be known as the DIAGNOSTIC & CLINICAL CARDIOLOGY,
P.A. MONEY PURCHASE PENSION PLAN
3. This Plan is a:
[] a. Newly Adopted Plan
[x] b. An Amendment and restatement of the DIAGNOSTIC & CLINICAL CARDIOLOGY PA MONEY PURCHASE PENSION Plan which was effective on April 1, 1976
4. The Effective Date of this Plan is April 1, 1976
5. The Restatement Effective Date of the Plan is April 1, 1989
6. The Plan number shall be 002
7. The Plan Year shall be:
[x] a. the 12 consecutive month period ending on each December 31 *
[] b. initially the period commencing on and ending on, and thereafter the 12 consecutive month period ending on each
I. B. Information Relating to Plan Officials
1. The name of the Employer is DIAGNOSTIC & CLINICAL CARDIOLOGY, P.A.
* Prior to January 1, 1994, Section 1A(7) shall read "the 12 consecutive month period ending on each March 31. There shall be a short plan year from April 1, 1993 to December 31, 1993.

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T A Plan Information

· '	OTHER DESIGNATION OF THE PERSON OF THE PERSO	Money Purchase Safe Harb	or rension Plan #02-003
a. Address	69 NORTHFI	ELD AVENUE street address	
WEST	ORANGE	, NJ,	07052-
cit		state	zip
b. Telephone N	0.	(201)731-9442	NOTIFICA OF THE OPPOSITION OF THE PARKS IN A RESERVE TO LAKE
c. Business Cod	e No.	8011	A Marian
d. Date Busines	s Started	, 1976	National Part Nova Control
e. Type of Enti	[] S	Corporation ole Proprietorship ther	[] Partnership [] S Corporatio
2. The following	additional Em	ployers adopt the Plan as	Participating Employers:
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h	· · · · · · · · · · · · · · · · · · ·		
i.			-, Array
j.			
3. Employer is a r	nember of:		
[] Control	led Group	[] Affiliated Service Gr	oup [x] Not Applic
-		consecutive months ending:	
			month & day
5. Employer's I.D.	No.: <u>22-232</u>	23990	tanka di atau pada kanana ana kanana ana kanana ana kanana ana
6. The Employer	hereby designa	ates the following Trustee(s)	:
a. MARIO CR	ISCITO, M.D.		
h			
C			

Non-Standardized Money Purchase Safe Harbor Pension Plan #02-003
e
f
g.
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i.
j
7. The Employer hereby designates the following as Plan Administrator:
[x] a. Employer
[] b. Name:
(If not completed, the Employer shall be designated)
Address: 769 NORTHFIELD AVENUE
street address
WEST ORANGE , NJ , 07052- city state zip
Telephone No.: (201)731-9442
on behalf of the Plan Administrator (leave blank if no Retirement Committee is
appointed):
appointed):
appointed):
appointed): a. b.
appointed): a. b. c.
appointed): a. b. c. d.
appointed): a. b. c. d.
appointed): a. b. c. d. e. II. Plan Definitions
appointed): a
appointed): a
appointed): a

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